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CONFIRMATION NO. 5629

Bib Data Sheet

|                             |                                   |                     |                                |                                      |
|-----------------------------|-----------------------------------|---------------------|--------------------------------|--------------------------------------|
| SERIAL NUMBER<br>09/833,581 | FILING DATE<br>04/13/2001<br>RULE | CLASS<br>709<br>718 | GROUP ART UNIT<br>2151<br>2195 | ATTORNEY DOCKET NO.<br>ACRN-001/00US |
|-----------------------------|-----------------------------------|---------------------|--------------------------------|--------------------------------------|

## APPLICANTS

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\*\* CONTINUING DATA *(A12) M.B.*\*\* FOREIGN APPLICATIONS *(A12) M.B.*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/11/2001

|                                 |  |
|---------------------------------|--|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no                                    |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after |
| Verified and Acknowledged       | <i>Mazd B.</i> <i>M.B.</i>   |
| Examiner's Signature            | Initials   |
| STATE OR COUNTRY                | MA   |
| SHEETS DRAWING                  | 12   |
| TOTAL CLAIMS                    | 59   |
| INDEPENDENT CLAIMS              | 8  |

## ADDRESS

022903

## TITLE

System and method for processing overlapping tasks in a programmable network processor environment

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>1812 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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